Introduced by Assembly Member Chu

February 22, 2005

An act to amend Sections 121010 and 121020 of the Health and Safety Code, relating to HIV testing.

LEGISLATIVE COUNSEL'S DIGEST

AB 1074, as introduced, Chu. HIV testing for foster children.

Existing law prohibits disclosure of the results of a blood test to detect antibodies to the probable causative agent of AIDS without the written consent of the subject of the test, except to designated persons.

This bill would add a foster parent, relative caregiver, or assigned social worker for a child who has been adjudged a dependent child of the juvenile court, to the list of persons to whom disclosure may be made without consent.

Existing law authorizes the parent, guardian, conservator, or other person lawfully authorized to make health care decisions on behalf of a person who is not competent to consent, to give consent for the test to be performed. Under existing law, a minor under the age of 12 years is deemed not competent to consent under these circumstances.

This bill would additionally authorize a foster parent or relative caregiver of a child adjudged to be a dependent child of the juvenile court, and the child's social worker, to consent to the test on the child's behalf.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

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The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

- (a) Approximately 110,000 children are placed into foster care in California, where they are cared for by a publicly regulated and publicly funded system of home-based children's caregivers known as foster care. The majority of Californian children placed into foster care will return to their birth parents or be placed with relative caregivers. One-fourth of the rest of them, however, will still be in foster care after three years.
- (b) Research proves that foster children experience a much higher rate of illness and undiagnosed and untreated health problems than other children. Infants and some older children frequently enter the foster care system as a result of abandonment, relinquishment by birth families, sudden emergencies, and other events requiring child protective services to place children quickly into foster homes with little or no known medical information.
- (c) Children frequently enter foster care, or move in and out of multiple foster placements, lacking accurate or current medical records.
- (d) These factors too often result in foster children not being diagnosed, in misdiagnoses, and in incorrect or delayed treatment of medical conditions. Among these conditions is the human immunodeficiency virus (HIV), which causes AIDS.
- (e) The National Center for HIV, STD and TB Prevention estimates that there are 138 children living with AIDS in California. The number of infants born with HIV infection has declined in the United States since widespread implementation of Public Health Service recommendations that pregnant women be tested and counseled, and that infected women and their infants during delivery and after birth be aggressively treated with drug therapies. However, the 2003 revisions to California's public health statutes regarding HIV testing for pregnant women recommend, but do not require, that pregnant women be tested.
- (f) The law requires that a blood specimen be obtained from a pregnant woman by a hospital or doctor who assists at a birth, but allows a mother to refuse to have her blood tested, to refuse to consent to have her baby's blood obtained or tested, or to refuse

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to let her baby be treated during delivery, and hospitals are not required to obtain blood samples from newborns for later testing.

- (g) HIV and AIDS, though currently incurable, are treatable conditions and lives can be saved, extended, and the quality of life enhanced if these conditions are diagnosed early and effective treatments begun at the earliest possible time. Infants who are HIV positive, if treated aggressively in utero or soon after birth, can often lead a normal life free of disease symptoms and can enjoy a long life expectancy.
- (h) HIV testing for newborns before they may be discharged from the hospital is not mandatory in California, as it is in New York and some other states. California does require mandatory testing of newborns for other medical conditions, disabilities, and diseases, but not HIV or AIDS. Nor is HIV/AIDS testing required by law or routinely done on children who become dependents of the courts.
- (i) Children who enter the foster care system are not required by law to be tested for HIV. As a result, and unknown number of infants and toddlers, and older children at risk medically for HIV and AIDS enter California's foster care system each year without life-threatening medical conditions diagnosed. These children will not receive timely life-prolonging and life-enhancing treatment for these incurable conditions.
- (j) HIV and AIDS can remain asymptomatic for years. It is essential that babies and youth be diagnosed early, and, where indicated, treatment begun immediately. Of newborns born HIV-positive, about one-half will manifest symptoms of the disease AIDS by the time they reach three years of age. Approximately 50 percent of HIV-positive children under age 12 years will display at least some symptoms typically related to HIV.
- (k) Not all children in California are at risk for developing AIDS, and not all foster children require testing. Medical science has determined, however, that there are certain risk factors which, if present in a child's life or history, indicate that HIV testing is appropriate and beneficial to both children and the general public. At-risk children who should be tested are those removed from the custody of parents who are or were users of intravenous drugs, methamphetamine, have multiple sex partners or a history of unprotected sexual activity with multiple partners,

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and children whose identities and medical histories are completely unknown, such as infants abandoned at birth. Additionally, children should be tested for HIV if born to mothers who refuse testing for themselves, and mothers with high-risk lifestyle factors of their own who have refused or failed to obtain the prenatal testing and care that might permit prenatal treatment of the developing fetus.

- (1) All of these children are at risk of being HIV positive when they enter the foster care system. They are also at risk of having their HIV status go undiagnosed and suffering from undiagnosed and untreated AIDS. Failure to diagnose and treat these conditions poses risks to themselves, their caregivers, and to the future sex partners of the children as they age. For all these reasons, it is essential that foster children who are at risk of having contracted AIDS in utero or later in life be tested for HIV, regardless of whether their birth parents or legal guardians will consent to testing.
- (m) California counties have widely varying policies concerning HIV testing for dependent children and disclosure of test results to prospective foster parents, current foster parents and relative caregivers, and prospective adoptive parents.
- (n) It is therefore the intent of the Legislature in enacting this act to establish a statewide policy regarding HIV testing for dependent children.
- SEC. 2. Section 121010 of the Health and Safety Code is amended to read:
- 121010. Notwithstanding Section 120975 or 120980, the results of a blood test to detect antibodies to the probable causative agent of AIDS may be disclosed to any of the following persons without written authorization of the subject of the test:
- (a) To the subject of the test or the subject's legal representative, conservator,—or to any person authorized to consent to the test pursuant to subdivision (b) of Section 120990, or to a foster parent, relative caregiver, or assigned social worker for a child who has been adjudged a dependent child of the juvenile court pursuant to Section 300 of the Welfare and Institutions Code.
- (b) To a test subject's provider of health care, as defined in subdivision (d) of Section 56.05 of the Civil Code, except that for

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purposes of this section, "provider of health care" does not include a health care service plan regulated pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2.

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- (c) To an agent or employee of the test subject's provider of health care who provides direct patient care and treatment.
- (d) To a provider of health care who procures, processes, distributes, or uses a human body part donated pursuant to the Uniform Anatomical Gift Act (Chapter 3.5 (commencing with Section 7150) of Part 1 of Division 7).
- (e) (1) To the designated officer of an emergency response employee, and from that designated officer to an emergency response employee regarding possible exposure to HIV or AIDS, but only to the extent necessary to comply with provisions of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (P.L. 101-381; 42 U.S.C. Sec. 201).
- (2) For purposes of this subdivision, "designated officer" and "emergency response employee" have the same meaning as these terms are used in the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (P.L. 101-381; 42 U.S.C. Sec. 201).
- (3) The designated officer shall be subject to the confidentiality requirements specified in Section 120980, and may be personally liable for unauthorized release of any identifying information about the HIV results. Further, the designated officer shall inform the exposed emergency response employee that the employee is also subject to the confidentiality requirements specified in Section 120980, and may be personally liable for unauthorized release of any identifying information about the HIV test results.
- SEC. 3. Section 121020 of the Health and Safety Code is amended to read:
- 121020. (a) (1) When the subject of an HIV test is not competent to give consent for the test to be performed, written consent for the test may be obtained from the subject's parents, guardians, conservators, or other person lawfully authorized to make health care decisions for the subject, including a foster parent or relative caregiver of a child adjudged to be a dependent child of the juvenile court pursuant to Section 300 of the Welfare and Institutions Code, and the child's social worker as identified or assigned by the agency having legal custody and

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control of the child. For purposes of this paragraph, a minor shall be deemed not competent to give consent if he or she is under 12 years of age.

- (2) Notwithstanding With respect to any person other than one authorized to give consent pursuant to paragraph (1), when the subject of the test is a minor adjudged to be a dependent child of the court pursuant to Section 360 of the Welfare and Institutions Code, written consent for the test to be performed may be obtained from the court pursuant to its authority under Section 362 or 369 of the Welfare and Institutions Code.
- (b) Written consent shall only be obtained for the subject pursuant to subdivision (a) when necessary to render appropriate care or to practice preventative measures.
- (c) The person authorized to consent to the test pursuant to subdivision (a) shall be permitted to do any of the following:
- (1) Notwithstanding Sections 120975 and 120980, receive the results of the test on behalf of the subject without written authorization.
- (2) Disclose the test results on behalf of the subject in accordance with Sections 120975 and 120980.
- (3) Provide written authorization for the disclosure of the test results on behalf of the subject in accordance with Sections 120975 and 120980.